

# 2700 INTERNAL TRANSFER REQUEST FOR S.N.

9/669 813

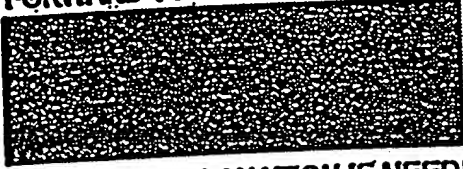
DATE: <u>11/27/00</u>	FROM: <u>KINCAID</u> (print name)
FORWARD TO:	REASON(S):
A. Art Unit: <u>2631</u>	A. You had Parent <input type="checkbox"/> (check box)
B. Class: <u>375</u>	B. See Title <input type="checkbox"/> (check box)
C Subclass: <u>343</u>	C. See Abstract <input type="checkbox"/> (check box)
	D. See Claim(s): <u>15</u>

FURTHER EXPLANATION IF NEEDED:

commiss specific  
Receiver w/ correlating etc

DATE: _____	FROM: _____ (print name)
FORWARD TO:	REASON(S):
A. Art Unit: _____	A. You had Parent <input type="checkbox"/> (check box)
B. Class: _____	B. See Title <input type="checkbox"/> (check box)
C Subclass: _____	C. See Abstract <input type="checkbox"/> (check box)
	D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

DATE: _____	FROM: _____ (print name)
FORWARD TO CLASSIFIER	REASON(S):
	A. You had Parent <input type="checkbox"/> (check box)
	B. See Title <input type="checkbox"/> (check box)
	C. See Abstract <input type="checkbox"/> (check box)
	D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

## DISPOSITION BY 2700 CLASSIFICATION

DATE: _____	CLASSIFIER: _____
FORWARD TO:	REASON(S):
A. Art Unit: _____	A. You had Parent <input type="checkbox"/> (check box)
B. Class: _____	B. See Title <input type="checkbox"/> (check box)
C Subclass: _____	C. See Abstract <input type="checkbox"/> (check box)
	D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED: